



Revocation of Assignment of Benefits

This form is to revoke my assignment to the LifeStrive Group LLC of my rights to payment for services covered under the annual wellness benefit.

I understand that by signing this form, I am confirming my revocation of my assignment of benefits to LifeStrive Group LLC. This revocation will be effective upon receipt of this written notice by American Heritage Life Insurance Company.

Printed Name _____ Date _____

Signature _____

Policy Certificate Number **or** Social Security Number _____

Please mail or fax this revocation to:
American Heritage Life Insurance Company
Attention: Sharon Broome
1776 American Heritage Life Drive
Jacksonville, FL 32224
Fax: 866-398-9210